

# **Preliminary Technical Committee Recommendations and Questions on the Nurse Practitioners' Proposal for a Change in Scope of Practice for the March 22, 2013 Public Hearing**

The members of the Nurse Practitioners' Technical Review Committee formulated preliminary recommendations on the proposal to eliminate the requirement for a practice agreement during their March 1, 2013 meeting by taking action on the six statutory criteria of the Regulation of Health Professions Act under Nebraska Revised Statutes, Section 71-6221. These six criteria and the Committee recommendations on each of them are described below. When taken together, these actions comprise a preliminary recommendation on the entire proposal.

The members of the Nurse Practitioners' Technical Review Committee request that testifiers address the preliminary recommendation on the proposal as well as the specific questions raised by Committee members.

## **Action taken on the six statutory criteria:**

**Criterion one:** The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.

Mr. Bassett moved and Dr. Douglas seconded that the proposal satisfies criterion one. Voting aye were Douglas, Bassett, Wyrens, Shickell, and Naiberk. Chairperson Coleman chose not to vote. The motion passed.

**Criterion two:** Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Mr. Bassett moved and Dr. Douglas seconded that the proposal satisfies criterion two. Voting aye were Douglas, Bassett, Wyrens, Shickell, and Naiberk. Chairperson Coleman chose not to vote. The motion passed.

**Criterion three:** The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

Dr. Douglas moved and Dr. Shickell seconded that the proposal satisfies criterion three. Voting aye were Douglas, Bassett, and Wyrens. Voting nay were Shickell and Naiberk. Chairperson Coleman chose not to vote. The motion passed.

Some committee members expressed the concern that Nurse Practitioner services in remote rural areas might not be evaluated and held to consistently high quality standards.

**Criterion four:** The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Dr. Douglas moved and Dr. Shickell seconded that the proposal satisfies criterion four. Voting aye were Douglas, Bassett, and Wyrens. Voting nay were Shickell and Naiberk. Chairperson Coleman chose not to vote. The motion passed.

Some committee members asked about the relatively limited number of clinical practice hours provided in Nurse Practitioner education and training programs compared with those provided under Physicians education and training programs, for example.

**Criterion five: There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill of service in a safe manner.**

Mr. Bassett moved and Dr. Douglas seconded that the proposal satisfies criterion five. Voting aye were Douglas, Bassett, Wyrens, and Shickell. Voting nay was Naiberk. Chairperson Coleman chose not to vote. The motion passed.

Some committee members expressed concern regarding how new Nurse Practitioners would be supervised under the terms of the proposal. It was noted that, currently, new Nurse Practitioners are placed under protocols until they have attained about 2100 practice hours. However, the applicants provided no assurances that these protocols would continue if the practice agreement were eliminated.

**Criterion six: There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.**

Dr. Douglas moved and Dr. Shickell seconded that the proposal satisfies criterion six. Voting aye were Bassett and Douglas. Voting nay were Shickell, Naiberk, and Wyrens. Chairperson Coleman chose not to vote. The motion did not pass.

Some committee members expressed concern regarding how the services of Nurse Practitioners practicing independently in remote rural areas would be done under the terms of the proposal. It was noted that Nurse Practitioners employed by specialty clinics receive on-going feedback from their colleagues regarding the quality of their work. It was also noted that such on-going assessment is very difficult to provide in independent practices in remote rural areas.

### **Action taken on the entire proposal:**

Mr. Bassett moved and Dr. Douglas seconded that the proposal be approved by the committee members. Voting aye were Douglas, Bassett, Wyrens, and Shickell. Voting nay was Naiberk. Chairperson Coleman chose not to vote. The motion passed. Some committee members stated that they continued to have questions about the proposal. These questions are identified as follows:

### **Questions from the committee members for the public hearing on the proposal:**

- How much 'clinical time' does a typical Nurse Practitioner student receive during their education and training?

- When Nurse Practitioners take 'on-line' courses how can we know how much contact time they've had with patients, directly?
- What liabilities show up on a national basis when Nurse Practitioners become independent? Do insurance rates tend to go up, or not?
- Could an alternative approach to collaborative practice be created if the practice agreement is eliminated?
- Could schools hire a physician to supervise first and second year Nurse Practitioners in their practices?
- How does Nurse Practitioner curriculum compare with that of other health professionals such as Physicians, for example?
- Would it be possible to require supervision for the first two years of Nurse Practitioner practice before they become independent practitioners if the proposal were to pass?
- Are there subject areas for which Physicians should be consulted by Nurse Practitioners?
- Is there data from states that have eliminated the practice agreement which shows the impact of this action on the care received by the public, especially in remote rural areas?
- Is there evidence from states that have eliminated the practice agreement of increased harm to the public from Nurse Practitioner services compared to the way practice was done prior to the elimination of the agreement?
- If the proposal passes would the applicants seek additional scope of practice changes?
- Could additional information be provided pertinent to how on-going professional assessment of Nurse Practitioner practices would be accomplished if the proposal were to pass?
- How will the advancement of Nurse Practitioner practice toward a Ph.D. level of education and training impact the issues under review?
- How do Nurse Practitioners attempt to strive for excellence in the way they provide their services?